

# **Fort Wayne Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 3/22/2014

**Address:** 1424 St. Marys Ave

**Case #:** 14ISP02431

Fort Wayne, IN 46808

**County:** Allen

## **Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location** (check all that apply)

- ☒ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open – No Structure  
☐ Vehicle ☐ Other: \_\_\_\_\_

## **Items Found: Location** (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): Bathroom  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator: \_\_\_\_\_  
☐ Flammable Solvents: \_\_\_\_\_  
☒ Water Reactive Metal (Lithium): NW  
Bedroom
- ☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered** (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No  
☐ Children not present but evidence they  
reside or visit often  
Shared HVAC: ☐ Yes ☒ No ☐ Unknown

Living conditions of home: ☒ clean ☐  
disarray ☐ unclear  
Estimated length of time manufacturing had  
been occurring: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

## **Vehicle Information**

Owner: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Year: \_\_\_\_\_

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Color: \_\_\_\_\_

## **This report has been faxed\* to the following agencies that serve the location:**

Fort Wayne Fire Department  
Fort Wayne/Allen County Health Department  
Department of Child Services  
Fort Wayne Neighborhood Code Enforcement

Fax: (260) 427-1277  
Fax: (260) 427-1391  
Fax: (317) 234-7596  
Fax: (260) 427-1409

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: Det. R. Kirby FW 1419 Phone (260) 427-1203

\* This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.